



Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Recommendations for:

**REGISTERED NURSE FIRST SURGICAL
ASSISTANT**

FOR

OPERATING THEATRES

IN

NEW ZEALAND

SERVICE GUIDELINES

**NEW ZEALAND NURSES' ORGANISATION (INC)
RECOMMENDATIONS FOR:**

**REGISTERED NURSE FIRST SURGICAL ASSISTANT
in OPERATING THEATRES in NEW ZEALAND.
SERVICE GUIDELINES**

March 2009
Reviewed 2014
Reviewed 2026

New Zealand Nurses' Organisation

First Approved by NZNO February 2015

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Published 2009
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ISBN *****

Printed Wellington, New Zealand

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1 BACKGROUND

Perioperative nurses are crucial in assisting surgeons and anaesthetists during surgical procedures, operating within various capacities such as scrub, circulating, anaesthesia support, and surgical assisting roles. In 2010, New Zealand formalised a significant role within perioperative nursing known as the Registered Nurse First Surgical Assistant (RNFSA). The primary function of an RNFSA is to serve as the surgeon's lead surgical assistant. Historically, registered medical practitioners, such as surgical registrars and GPs, have held this responsibility. The RNFSA is an expanded practice role requiring specific knowledge and skills. Registered Nurses in this role should meet the requirements of expanded practice as outlined by the Nursing Council of New Zealand (NCNZ) (2010).

The role of the RNFSA was recognised as an expansion of the RN scope of practice after wide consultation between NZNO, NCNZ and other stakeholders such as The New Zealand Private Surgical Hospitals Association (NZPSHA) in 2007. In 2008, it was recommended that the Perioperative Nurses College of NZNO (PNC) was the appropriate body to set national policy guidelines for the standards and credentialing of RNFSAs.

In September 2010, NCNZ produced the document *Guideline: Expanded Practice for Registered Nurses (NCNZ 2010)*. This was in response to health consumer needs and the continual development of new health services. The NZNO supports the notion that employer credentialing to a national standard is the appropriate method to manage expanded nursing practice. The NCNZ definition of expanded practice is as follows;

Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. The formal pathway to role expansion that entail further education and credentialing (NCNZ 2010).

This document identifies national service guidelines for the RNFSA role and organisational credentialing. The final policy document will be promulgated widely for national implementation. This will meet the requirements of the Health Practitioners Competence Assurance Act (2003) by ensuring appropriate, nationally consistent standards for this expanded nursing role.

The process utilised in developing these guidelines included the following;

- A literature review
- international standards, as well as NZPSHA submissions and correspondence, have been key references underpinning the standards and policies
- NCNZ reference group minutes (August 2008)
- consultation with an expert PNC working party (named below)
- national consultation including PNC members, NCNZ, NZPSHA, Nurses Executives of New Zealand, Royal Australian College of Surgeons (NZ branch)
- document review by the expert PNC Working Party 2014
- document review by Yvonne Morgan 2024 and PNC NZNO members 2025

The PNC thanks all those who contributed to the development of this document, specifically the original working party (Susanne Trim, Yvonne Morgan, Berice Beach, Prue Hames, and external advisor Bridie Kent), the 2014 review committee consisting of Yvonne Morgan, Sue Glover, Sandra Millis, and Amelia Howard-Hill and the 2026 review committee consisting of Emma Ladley, Suzanne Rolls, Gillian Martin, Rebecca Porton-Whitworth, Ashley Walker, Mirelle Quin, Amanda Figgins.

Feedback was sought from key stakeholder organisations prior to document approval. The organisations consulted were:

New Zealand Nurses Organisation
Nursing Council of New Zealand
Royal Australasian College of Surgeons
College of Nurses Aotearoa NZ
Nurse Education in the Tertiary Sector
Nurse Executives of New Zealand
Faculty of Medical and Health Sciences, University of Auckland
Office of Chief Nurse, Ministry of Health
Health Workforce New Zealand
New Zealand Private Surgical Hospital Association
District Health Board Directors of Nursing
Theatre Managers and Educators Group
Perioperative Nurses College Membership

1A Glossary of Terms

The NCNZ expanded practice guidelines establish the general, statutory framework for RNs expanding their scope, emphasizing employer responsibility, risk assessment, and education. Conversely, the NZNO RNFSAs (Registered Nurse First Surgical Assistant) document is a specialized, professional guideline tailored to the specific, technical role of surgical assistance.

Audit: The process of an unbiased analysis of any complications experienced in the RNFSAs' practice. It is predominantly used as a reflective learning tool to ensure further practice/knowledge development.

Competence: The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse. (NCNZ, 2025)

Competency: A defined area of skilled performance. (NCNZ, 2025)

Competent: The registered nurse demonstrates competence to safely practice when all standards of the six pous are met.

When practising, a nurse will be integrating aspects of each pou where they relate to their area of practice using a range of scientific, relational and cultural, evidence-based knowledge to provide effective care to people, whānau and communities (NCNZ, 2025).

Credentialing: The process a RNFSAs undergoes via their employer to ensure competency to practise in the extended and expanded scope of a RNFSAs.

Expanded Practice: Expansion of the registered nurse scope of practice occurs when nurses with demonstrated nursing expertise assume responsibility for a health care activity or role which is currently outside their scope of practice. Expanded practice may include areas of practice that have not previously been in the nursing realm or have been the responsibility of other health professionals. (NCNZ, 2016)

Logbook: A confidential and secure record of the specific cases the RNFSAs has assisted with including any specific extended practice roles (e.g. graft preparation). The logbook also covers any complications. Patient confidentiality must be maintained when the logbook is presented to employers/ NCNZ.

Scope of Practice: The boundaries set out by the NCNZ in which a nurse may practice

Key Comparisons:

- **Scope & Authority:** NCNZ provides high-level legal/professional standards for any expansion. NZNO provides specific, practical guidance for RNFSA activities within perioperative care.
- **Focus:** NCNZ focuses on the process of changing scope safely, including evidence of improved health outcomes. NZNO focuses on the clinical competencies, responsibilities, and accountability for RNFSA practitioners.
- **Documentation & Oversight:** NCNZ mandates institutional policy and formal competency assessment. NZNO explicitly requires a "log book" of cases for RNFSA performance tracking.
- **Relationship to Surgeon:** The RNFSA document clarifies that while expanding, the RNFSA works under the surgeon's supervision and not independently.

Essentially, the NCNZ guidelines define if/how a nurse can expand, while the NZNO document dictates the specific what/how of the RNFSA role.

2 Perioperative Nurses College NZNO - Position Statement on Registered Nurse First Surgical Assistant

Underlying assumptions are that RNFSAs meet the

- NCNZ, 2025 competencies for a registered nurse;
- PNC standards and guidelines for practice for Perioperative nursing in New Zealand.

The PNC supports the development of the RNFSA role in New Zealand and considers it an expansion of the registered nurse scope of practice, which is supported by NCNZ guidelines for expanded practice (NCNZ 2016).

The PNC recommends RNs have a minimum of 5 years' experience, hold a Post Graduate Certificate and provide evidence of the relevant skills and knowledge to be an RNFSA believes that RNs with a minimum of 5 years of perioperative experience. It is expected that perioperative experience would include the roles of circulating and scrubbing for complex major surgical cases.

Disclaimer

The Perioperative Nurses College NZNO assumes no responsibility for the practises or recommendations of any member or other practitioner or for the policies and procedures of any practice setting. RNFSAs function within the limitations of legislation and institutional policy.

3 PURPOSE

The RNFSA expands the scope of practice for the perioperative registered nurse. The primary consideration in extending the role of the nurse is the provision of high-quality care. This will ensure safety for the public, the nurse, and the service provider.

The guidelines aim to achieve national quality and consistency for perioperative nurses assisting surgically.

There will be alignment with:

- Organisational policies
- Standards of practice and competencies
- Preparation for the RNFSA role, and
- Credentialing and auditing processes

This document offers a framework to RNFSAs and service providers and will assist in the recognition and transportability of nursing skills nationally in RNFSA roles.

4 POLICY

4.1 Definition of Registered Nurse First Surgical Assistant

The RNFSA is a perioperative nurse who has acquired additional formal knowledge, training, experience, judgement and skills as outlined in the position description, functioning in an expanded role. The RNFSA carries out functions that will assist the surgeon in performing a safe surgical procedure with optimum results for the patient.

The RNFSA practices perioperative nursing and;

- works in collaboration with the surgeon and other healthcare team members to achieve optimal patient outcomes.
- has acquired the necessary knowledge judgement and skills specific to the expanded role of RNFSA clinical practice.
- intraoperatively practices at the direction of the surgeon.
- does not concurrently function as the scrub or circulating nurse (AORN, 2022).

4.2 Policy

The RNFSA provides direct patient care as part of the perioperative role in compliance with the HPCAA (2003). The RNFSA works within the RNFSA position description and the organisation policy, is credentialed by the organisation where they practice as an RNFSA and undergoes a biennial audit process. The RNFSA functions interdependently with the surgeon during the intraoperative portion of his/her practice.

4.3 Specialised Area of Practice

The Association of Perioperative Registered Nurses (AORN 2004, revised 2022) states, "The scope of practice of the nurse performing as first assistant is a part of perioperative nursing practice. Perioperative nursing is a specialised area of practice. The activities included in first assisting are further refinements of perioperative nursing practice, which are executed within the context of the nursing process. The observable behaviours are based on an extensive body of scientific knowledge. These perioperative nursing behaviours may include;

- preoperative nursing assessment and communicating and collaborating with other healthcare providers regarding the patient's plan of care.
- transition assessment on entry to the Operating Room, including surgical safety checklist, sign-in and time-out
- handling tissue

- providing exposure
- using instruments and medical devices
- suturing and wound management
- providing haemostasis
- surgical safety checklist sign-out
- transition to post anaesthetic care unit & hand over of care
- participating in postoperative rounds and assisting with patient discharge planning and identifying appropriate community resources as required

An RN's decision to practice as an RNFSA must be made voluntarily and deliberately, with an understanding of the professional accountability that the role entails.

The RNFSA must be aware of their limitations as stated in the Position Descriptions and Guidelines and/ or their defined scope and area of practice under a credentialing arrangement. They must adhere to the policies of the facility while remaining within the scope of practice as defined by these policies and the Health Practitioners Competence Assurance Act (2003).

4.4 Organisation Policy

The organisation(s) where the RNFSA practices should have a formal policy in regard to RNFSA.

The policy covers;

- expanded practice activities and definitions
- standards and practice guidelines
- credentialing process
- position description or defined scope an area of practice activities
- prerequisite knowledge, skills and experience and
- responsibilities of the surgeon

The policy should include but is not limited to the following:

- The RNFSA provides perioperative assistance within the expanded scope of practice framework for an RN and the wider context of perioperative nursing practice.
- The RNFSA functions at the direction of the surgeon during the procedure.
- The RNFSA is responsible and accountable for their nursing practice within the legislation governing nurses and the employing organisation's policies.
- The RNFSA functions according to a position description or a credentialing process in which the RN defines their scope and area of practice, the NCNZ Expanded Practice Guideline (2016), and the standards and practice policies of the employing organisation.
- Maintenance of competence requires that the RNFSA assists with a minimum of 320 hours per annum (equivalent to 40 full-day lists), maintains a log book of procedures and complications to be reviewed/audited by the RNFSA and submitted to the credentialing organisation, and is able to provide evidence of ongoing RNFSA specific professional development and integrates this into their expert PDRP/ or equivalent (minimum).

5 THE CONTINUUM OF PERIOPERATIVE NURSE ASSISTING ROLES

The RNFA is considered an expanded level of RN practice within a continuum of perioperative nurse assisting. An overview of that continuum is presented below to help differentiate the RNFA role from that of experienced perioperative nurse assisting and the advanced practice of the Nurse Practitioner. The overview assumes the NCNZ competencies, PNC standards, and guidelines for perioperative nurses are met.

A Continuum of Perioperative Nurse, surgeon assistant roles

See Appendix 1

5.1 Distinguishing between RNFSA and Nurse Practitioner

RNFSA role

The RNFSAs work within a clinical governance framework, primarily during the intraoperative phase of patient care. As part of the operating room team, the RNFSAs provide skilled, informed assistance to the surgeon (Perioperative Care Collaborative (PCC), 2003).

The RNFSAs provide skilled assistance and work at the direction of the surgeon, and at no time will their activities lead to independent surgical intervention. Interdependent surgical activities may be included after the RNFSAs have gained sufficient clinical knowledge and education to enable safe practice. Examples of interdependent surgical activities are vein procurement for cardiac and vascular procedures, formation of ileostomy and bone and tendon graft harvesting and preparation.

Nurse Practitioner Role (NP)

The NP works in and out of the operating room clinical environment and can undertake specified surgical intervention working autonomously or within collaborative teams (NCNZ, 2017). The NP works within the NCNZ Scope of Practice for NPs. The role of a NP includes but is not limited to:

- preoperative care
- independently performing invasive procedures
- postoperative care
- evaluation of care

The NP may make clinical judgements about patient care that are reflective of the surgeon's agreed-upon competence and delegation.

Appleton (2002) has suggested that with the relevant educational preparation RNFSAs could become perioperative NPs. Such a role would provide increased patient contact and opportunities to provide health education to patients and others, thereby enhancing the quality of patient care. Currently, there are RNFSAs within New Zealand who have successfully trained as NPs.

Specific examples of this include enhanced perioperative planning to reduce patient delays or cancellations. Discharge planning commences at the time of the surgical booking to reduce the patient's length of stay and enhance postoperative rehabilitation. Reduced surgical time by performing some aspects of surgery in tandem. Improved patient outcomes through the patients being better prepared and therefore empowered to manage their perioperative journey to recovery.

6 RN FIRST SURGICAL ASSISTANT: POSITION DESCRIPTION

Position:	Registered Nurse First Surgical Assistant (RNFSA)
Qualification:	Registered Nurse with a current NCNZ practising certificate PG Certificate in surgical assisting as minimum
Hours of Work:	State contracted hours (with a minimum of 320 hours per annum)
Department:	Perioperative Services/Surgeon employed
Responsible to:	The surgeon If employed by a healthcare organisation, the perioperative services manager. Collaborates with the nursing personnel, including the perioperative team and the surgeon, regarding best practices and optimal outcomes for the patient In the intraoperative phase, functions at the direction of the surgeon.

Definition:

- The RNFSA is a perioperative nurse functioning in an expanded role with additional skills and postgraduate education. A PG Cert with a surgical assisting focus is the minimum, but a PG Diploma is desirable.
- The RNFSA carries out functions intended to assist the surgeon in performing a safe surgical procedure with optimal patient outcomes.
- The RNFSA practises perioperative nursing and has acquired the knowledge, skills, and judgment necessary to assist the surgeon through organized instruction and supervised practice.
- The RNFSA can function interdependently with the surgeon during the intraoperative phase of practice.
- The RNFSA does not concurrently function as a scrub or circulating nurse.

Principal Responsibilities:

- To uphold the patient's right to safety and well-being during perioperative care, ensuring the patient's code of rights is upheld.
- May have some responsibility for preoperative assessment and postoperative evaluation, primarily emphasising the intraoperative phase.¹

¹ This position description has been adapted from the ACORN standards (2020) Perioperative Nurse Surgeon's Assistant: Position Description

Key Duties:

- Preoperatively may assist with the assessment of the patient.
- Assists with preparing and administering pharmaceutical agents Peri-operatively, as directed by the surgeon.
- Participates in all stages of the Surgical Safety Checklist process.
- Assists with patient positioning, skin preparation and draping.
- May assist with the provision of haemostasis by clamping blood vessels, coagulating bleeding points, ligating vessels, and other means, as directed and supervised by the surgeon.
- Provides wound exposure through appropriate use of instruments, retraction, suction and sponging techniques.
- Handles tissue, sutures, subcutaneous tissues, skin and fascia.
- Manages specimens.
- Applies surgical dressings, casts, or immobilising devices.
- Writes perioperative orders according to agreed protocols (must be countersigned by the surgeon)
- Assists with transferring the patient from the operating room to the post anaesthetic care unit and may participate in hand-over.
- Performs perioperative patient evaluation, teaching, and discharge instructions.
- Practises within the limitations of preparation and experience.
- Maintains continuing education relative to practice.
- Recognises hazards and initiates appropriate corrective action.
- May assist in the provision of postoperative assessment of patient and postoperative care as required.
- Participates in continuous quality improvement monitoring as indicated.
- Maintains a surgical procedure log.
- Proactively collects quality and audit data as 'evidence' of his or her competence (Ministry of Health, 2010).
- Actively engages in all aspects of credentialing as a condition of access to the patient care environment and/ or employment policies and processes (Ministry of Health 2010).

Specific Duties:

The RNFSA will work interdependently with the surgeon to achieve the following:

Surgical preparation:

- Assist with patient positioning
- Skin preparation and skin marking and
- Draping

Provide retraction by:

- Closely observing the operative field at all times.
- Demonstrating stamina for sustained retraction
- Retaining manually controlled retractors in the position set by the surgeon or RNFSA with regard to surrounding tissue, nerves and vessels.
- Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
- Anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures.

Provide haemostasis by:

- Applying electrocautery to clamps or vessels in a safe and knowledgeable manner.
- Swabbing and utilising pressure as needed.
- Utilising suctioning techniques.
- Apply clamps on vessels and tie or electro coagulate.
- Suture ligatures are placed in tissue.
- Placing ligation clips on vessels.

Perform knot tying by:

- Having knowledge of the basic techniques.
- Tying knots firmly to prevent slipping.

Perform dissection as directed by the surgeon by: -

- Having knowledge of the anatomy and demonstrating the ability to use the appropriate instrumentation.
- Dissecting all layers to but not the peritoneum, for abdominal surgery in accordance with the HPCA (2003) only after specific training and as directed by the surgeon
- Dissecting (including harvesting when applicable) the saphenous vein or other vessel for cardiac surgery only after specific training and as directed by the surgeon.

Perform closure of layers by: -

- Correctly approximating the layers under the direction of the surgeon.
- Demonstrating knowledge of different types of closure.
- Demonstrate knowledge of wound healing and infection control

Assist the surgeon at the completion of the procedure by:

- Affixing and stabilising all drains.
- Cleansing the wound and applying the dressing.
- Application of casts, splints and various other immobilisation devices, as directed by the surgeon.
- Specimen management

Additional Responsibilities:

The RNFSA should be present during the patient visit throughout the operative phase. The following responsibilities are desirable to fulfil the scope of the role of the RNFSA:

- Performs a detailed perioperative assessment and handover on the admission of the patient to the operative area.
- May assist with providing preoperative counselling and education to the patient where appropriate and reinforce this prior to entry into the operating room.
- Communicates all pertinent information to the operating room team and ensures a safe transfer to the operating room.
- May assist in the provision of a detailed handover of the patient to PACU using specific knowledge gained during the procedure.

Addendum:

The following additional responsibilities may also be undertaken by RNFSAs moving towards NP registration:

- Provides preoperative counselling and education to patients scheduled for surgery and their families and commences discharge planning.
- Provides postoperative care through wound management, postoperative education, and the application and removal of dressings and plaster casts.
- Visits patients postoperatively to complete planning of discharge and to provide discharge instructions.
- Participates in the follow-up postoperative visit of the patient.

Qualifications & Attributes:

Qualifications for RNFSA should include:

- Registered Nurse.
- Current NCNZ practising certificate.
- Credentialed to work as RNFSA within an organisation
- Documentation of expertise (Expert PDRP equivalence) in perioperative nursing practice (including expanded practice competencies).
- Post Graduate Certificate with RNFSA focus
- Knowledge and skill in applying principles of asepsis and infection control.
- Knowledge of surgical anatomy, physiology, and operative techniques related to the operative procedures that the Perioperative Nurse assists with.
- Current certification in line with hospital policy. (This may include a CPR certificate and mandatory training.)
- Communicates effectively and works collaboratively within the interdisciplinary team.
- Ability to recognise safety hazards and initiate appropriate preventive and corrective action.
- Ability to perform effectively in stressful and emergency situations.
- Ability to demonstrate skill in behaviours unique to the RNFSA
- Must provide evidence of professional indemnity insurance cover.

Approval:

Department Manager

.....
(Name) (Signature) (Date)

¹ This position description has been adapted from the ACORN standards (2020) Perioperative Nurse Surgeon's Assistant: Position Description

7 PREPARATION FOR THE RNFSA ROLE

The RNFSA role has been established in many countries due to service provision needs and professional requirements. It is generally considered to be an expanded practice role, with the majority of international literature suggesting postgraduate education as a minimum requirement (Morgan & Kent 2008).

The principles of knowledge, observation, guided practice, mentoring, supervised practice, competence assessment and review apply to the preparation for any expanded practice role.

Limited access to formal RNFSA education programmes for New Zealand perioperative nurses has meant that alternative pathways to developing the required knowledge and skills have been used in the past. To date, experienced Perioperative nurses have prepared for the role of RNFSA by a variety of methods, including

- Post Graduate Certificate in RNFSA undertaken overseas
- Self-directed learning
- Surgeon mentoring and supervision
- In-house training programmes
- Conference and seminar attendance
- Maintenance of a logbook of procedures
- Audit

Since 2010, formal postgraduate education has been available in New Zealand for RNs who wish to practice in the expanded role of RNFSA. The training covers practical surgical assisting skills and builds upon the theoretical knowledge required for RNs to work at an expanded level.

Nurses practising in the RNFSA role throughout the intraoperative phase require a minimum postgraduate certificate. However, if the RNFSA wishes to practice over the perioperative continuum, it is recommended that they have completed a postgraduate diploma, including perioperative nursing, advanced assessment skills and clinical reasoning papers.

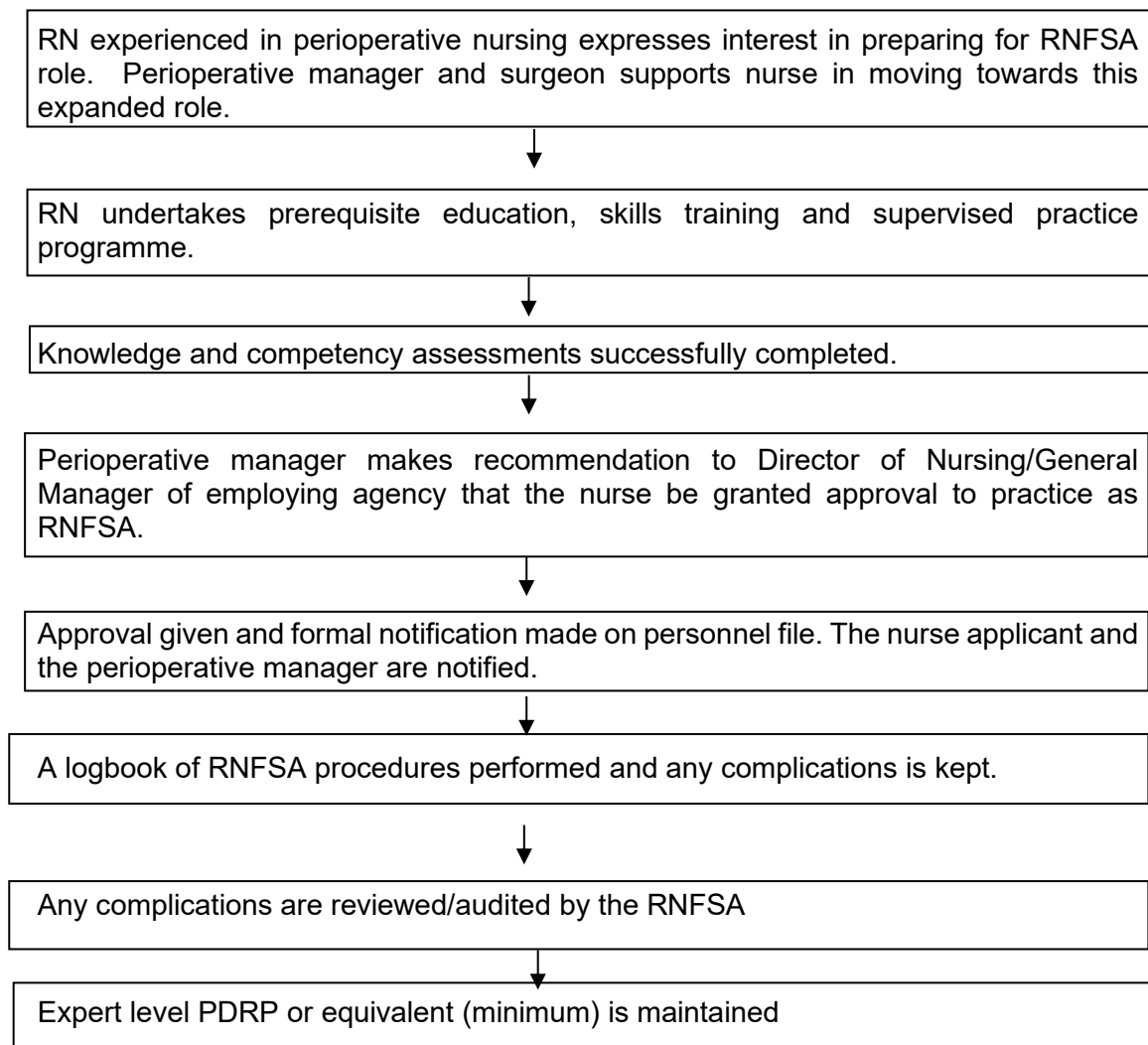
8 CREDENTIALING

RNFSA is an expanded scope of practice for the perioperative nurse.

An approval process must be established to determine if an RN qualifies for credentialing as an RNFSA. Credentialing is part of an organisational quality and risk management system.

Credentialing is not the same as performance review. Performance review monitors a practitioner's performance against their employment contract, while credentialing identifies the specific clinical responsibility a practitioner has within an organisation and monitors their ongoing competence in that respect (Ministry of Health, 2010).

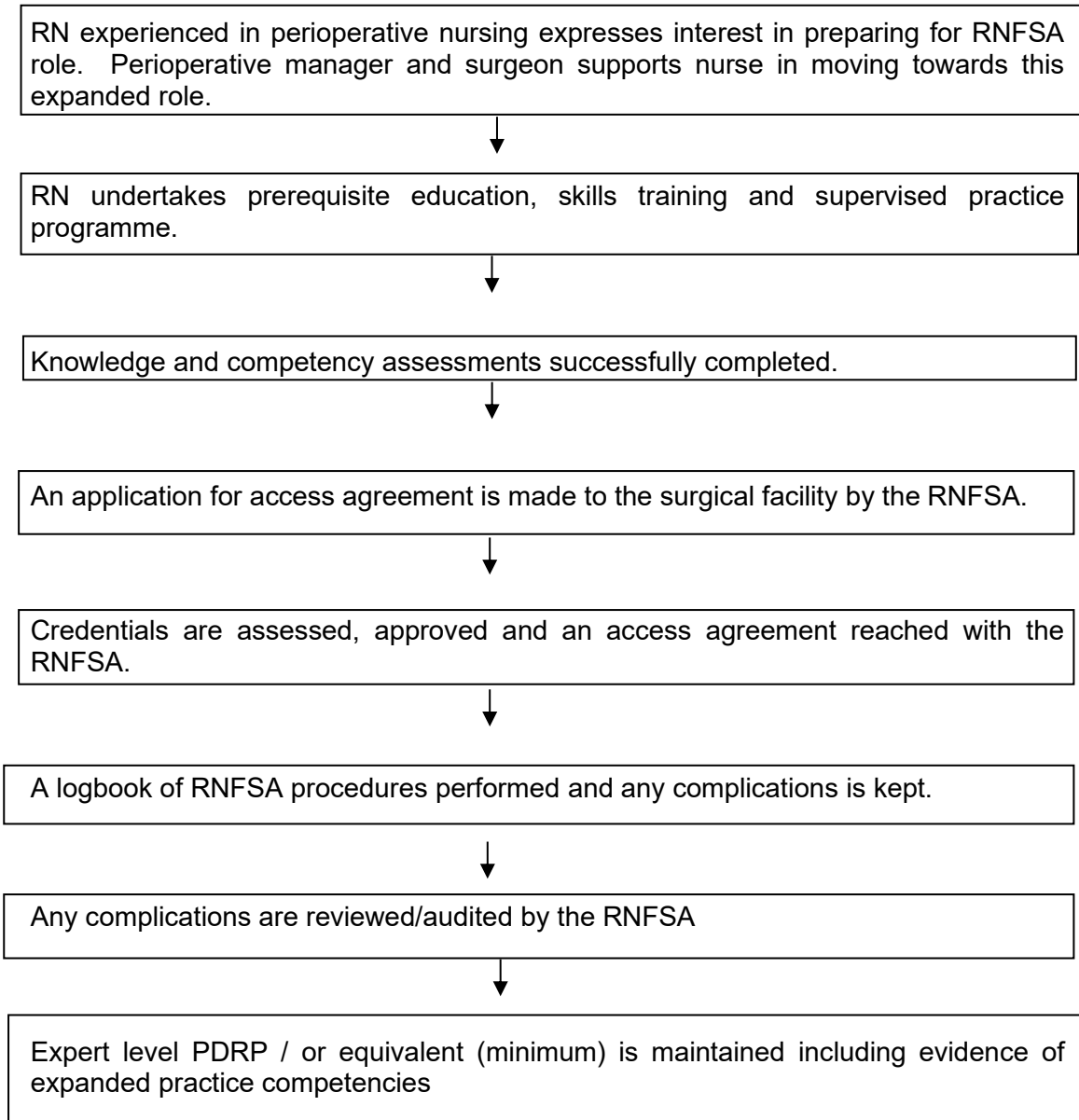
8.1 The credentialing process for a nurse employed by a surgical facility is as follows:



And

The employing agency monitors the RNFSA through its performance review programme and re-credentialling process. The RNFSA policy is also monitored through the employing agency's quality assurance programme, incident reporting, and patient outcome data.

8.2 The credentialing process for a nurse employed by a surgeon or independently contracting to surgeons is as follows:



8.3 The re-credentialing process for RNFSA

RNFSA provides annual evidence of:

- Current NCNZ Practicing Certificate
- Current Expert level PDRP/ or equivalent (minimum) - including expanded practice competencies
- Logbook of RNFSA procedures performed and any complications
- Review/audit of any complications
- Ongoing professional development specific to RNFSA
- An annual RNFSA competence assessment is completed by the surgeon(s) that the RNFSA regularly assists



If an employee of a Surgical facility–

Perioperative manager makes recommendation to Director of Nursing/General Manager of employing agency that the nurse be granted re-certification as RNFSA.



Approval given and formal notification made on personnel file. The RNFSA and the perioperative manager are notified.

9 COMPETENCE CHECKLIST: RNFSA

This competence checklist has been adapted from the sample performance review for the RN, RN First Assistant Guide to Practice, 3rd edition. It assumes that the Nurses Council of New Zealand's domain and competencies are being met.

	Met	Not Met	Comments
<p>Demonstrates knowledge of procedures to which assigned.</p> <ol style="list-style-type: none"> 1. Participates in clinical decision making and modifies techniques based on clinical findings. 2. Identifies normal and abnormal anatomy. 3. Anticipates needs of surgeon, steps in surgical procedure. 			
<p>Assesses, plans, implements and evaluates intraoperative patient care needs.</p> <ol style="list-style-type: none"> 1. Collaborates with surgical team members to plan perioperative patient care. Uses advance skills of decision making to ensure appropriate care plans are recognised, communicated and implemented based on best patient outcomes. 			
<p>Communicates relevant data to team members.</p> <ol style="list-style-type: none"> 1. Reports lab results, x-rays, diagnostic tests. 2. Discusses procedures and special techniques to be implemented during surgery. 3. Identifies any unusual instrumentation required. 			

<p>Analyses critical situations and initiates appropriate corrective or preventative action.</p> <ol style="list-style-type: none"> 1. Applies principles of aseptic technique and reports any variances. 2. Identifies and reports safety hazards and proposes solutions. 3. Monitors changes in patient's condition and reports concerns to appropriate team members. 4. Prioritises tasks calmly and efficiently in emergent situations. 5. Demonstrates knowledge of CPR. 					
<p>Participates in surgical safety checklist and timeout practices.</p>					

<p>Demonstrates the following skills</p> <ol style="list-style-type: none"> 1. Preparation of surgical site <ol style="list-style-type: none"> a) Clipping and hair removal b) Positioning c) Surgical skin preparation 2. Draping 3. Retraction <ol style="list-style-type: none"> a) Exposure b) Tissue handling 4. Suctioning techniques 5. Manual dexterity in appropriate use of surgical instrumentation. 6. Haemostasis <ol style="list-style-type: none"> a) Electrosurgery b) Swabbing c) Clamping d) Haemostatic agents e) Bone wax f) Other _____ 7. Suturing skills <ol style="list-style-type: none"> a) Knot-tying b) Stapling c) Cutting d) Approximation e) Ligating vessels f) Skin closure g) Subcuticular closure h) Securing wound drains i) Skin adhesives 8. Application of wound dressing <ol style="list-style-type: none"> a) Gauze b) Splints c) Casts d) Eye patches e) Ostomy dressings f) Wool & crepe bandaging g) Other _____ 9. Transfer of patient to trolley/bed 					
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<p>Assists in postoperative care and discharge planning for the patient and family.</p> <ol style="list-style-type: none"> 1. Reviews postoperative orders with the surgeon and team members. 2. Reports patient status to PACU and provides pertinent surgical information to nursing staff. 3. Acts as conduit of information between PACU and surgeon on patient status. 					
<p>Completes annual self-performance appraisal in collaboration with surgical staff.</p>					
<p>Proactively engages in continuing education.</p>					
<p>Performs duties of perioperative registered nurse when not assigned to the RNFA role.</p>					
<p>Complies with facility RNFA policies.</p>					
<p>Procedural log maintained & presented.</p>					

Completed by:

Date:

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Appendix 1 A Continuum of Perioperative Nurse, surgeon assistant roles

	Perioperative Nurse	Surgical Assistant Nurse Experienced Perioperative Nurse	RNFSA Expanded & Extended Practice	Nurse Practitioner Advanced Practice
		More Task Orientated	Uses knowledge based clinical decision-making skills	
Registration	RN EN	RN EN (grand parented provision for those currently undertaking role)	RN	NP
Tasks	<u>Retraction</u> - under direction, instruction & visual supervision - surgeon places retractor - not independent <u>Sutures</u> - cutting sutures <u>Haemostasis</u> - suction and swab under surgeon's direct instruction - diathermy onto forceps placed by surgeon <u>Instrument management</u> - manipulation under direct supervision and instruction Example: release of clamps during vessel tying	<u>Preparation of surgical site</u> - clip and paint, draping <u>Retraction</u> - under direction and visual supervision but with anticipatory advanced knowledge of anatomy may initiate retraction. <u>Haemostasis</u> - suction and swab under surgeon's direct instruction - diathermy onto forceps placed by surgeon <u>Clinical specialty knowledge</u> -Troubleshoots <u>Instrument management</u> - manipulation under direct supervision and instruction. Example: release of clamps during vessel tying. -Use clinical knowledge & initiative -Suturing of skin if appropriate training undertaken	<u>Preparation of surgical site</u> -initiate patient positioning and site marking, clipping, painting and draping -local Anaesthetic tissue infiltration <u>Retraction</u> - initiates tissue handling and dissection <u>Haemostasis</u> - grasp and tie vessels <u>Clinical specialty knowledge</u> -assessments -procedural advice and input. -diagnostic tests -specimen management interdependent surgery; not same site but same surgical episode -graft preparation -suturing skin, deep tissue -pre/post op care	Level 3 intraoperative role + practises across the perioperative continuum meeting the competencies of the NP.
Education	Comprehensive orientation to specialty of perioperative nursing	In-house training and mentoring Workshops Beginning Post Graduate studies	Post Graduate Certificate as minimum Mentoring by surgeon into role	MN – Clinical

Appendix 2

AORN Standards Identified as an Extension to the RN Scope of Practice in New Zealand

Competency statements	Measurable criteria	Example
4.The RNFA is competent to provide technical first assistance to the primary surgeon in the operating room and throughout the perioperative period.	4.1 Demonstrates clinical expertise	4.1.1 Recognizes anatomical abnormalities that may impact the surgical intervention. 4.1.2 Applies cognitive and technical skills obtained throughout formal RNFA educational programs.
	4.5 Uses surgical instruments to assist the surgeon and facilitate the surgical intervention	4.5.2 Demonstrates skill and manual dexterity in instrument use.
	4.6 Handles tissue safely	4.6.1 Employs principles of safe tissue handling. Handles tissues with a gentle touch to preserve neurovascular structures and promote wound healing. 4.6.2 Applies knowledge regarding tissue response to injury, wound healing, and wound classification (i.e., identifies and assesses risk factors that impair wound healing and/or encourage wound complications). 4.6.3 Exercises independent clinical judgment when identifying specific types of tissue and selecting appropriate instrument(s) for handling that tissue (e.g., muscle, fat, and most organ tissues are easily lacerated when clamped or pulled;

		skin, fascia, cartilage, ligament, and bone tissues are generally tough and may be handled with toothed tissue forceps or Kocher clamps).
	4.7 Provides exposure of operative site to promote a safe and effective surgical procedure	<p>4.7.1 Exercises independent judgment in selecting and employing various methods to provide exposure of the surgical site, including patient positioning, use of retractors and other instruments, retraction sutures, and/or packing materials as indicated by procedural need.</p> <p>4.7.2 Selects, places, and moves proper retractor(s) to provide surgical site exposure and reduce tissue injury.</p> <p>4.7.3 Packs wound as appropriate.</p> <p>4.7.4 Suctions surgical site as necessary to remove smoke, blood, and fluids from the site to improve visualization and decrease biohazard exposure.</p>
	4.8 Provides and maintains hemostasis	<p>4.8.1 Maintains tissue integrity to the degree possible.</p> <p>4.8.2 Independently selects and uses the correct hemostatic mechanism(s) depending on tissue characteristics and the specific situation. For example, hemostasis may be achieved mechanically with pressure (e.g., with sponges); by clamping, tying, or suturing (e.g., ligature); or by applying hemoclips to the tissue. Thermal hemostasis can be achieved by applying electrical current to thrombose a vessel. Topical hemostatic agents, such as thrombin, gelatine sponges, microfibrillar collagen, absorbable collagen sponges, or oxidized regenerated cellulose, may be used.</p>

		4.8.3 Demonstrates skill in use of all hemostatic methods.
	4.9 According to individual state regulation and facility policy, dissects tissue as delegated and supervised by the primary surgeon	4.9.1 Under the direction of the operating surgeon, uses appropriate tissue dissection techniques to facilitate an optimum surgical outcome. For example, privileges may be granted to qualified RNFAs to perform specialized tissue handling, such as trocar placement, preparation of allografts, and saphenous vein harvesting.
	4.10 According to individual state regulation and facility policy, assists with/and or performs wound closure	<p>4.10.1 Uses suture and suturing techniques in a manner consistent with principles that promote wound healing.</p> <p>4.10.2 Differentiates one type of suture from another, having knowledge of the physical characteristics and biological responses to various suture materials.</p> <p>4.10.3 Selects appropriate suture material for the type of closure to be performed.</p> <p>4.10.4 Demonstrates proficiency in knot-tying techniques with consideration to knot security, suture selection, and tissue characteristics.</p> <p>4.10.5 Demonstrates proficiency in wound closure using a skin stapler.</p>
5 The RNFA is competent to work as a professional colleague with the physician and to enhance the effectiveness of patient care	5.1 Partners with the physician to collaboratively direct the patients perioperative course	<p>5.1.1 Prepares patient preoperatively for surgical intervention, performs intraoperative surgical assisting, and collaboratively manages the patient's postoperative regimen.</p> <p>5.1.2 Understands and applies current theories and concepts of antimicrobial prophylaxis, ensuring that the appropriate medication is administered at the correct time to maximize effectiveness.</p>

		<p>5.1.3 Participates with physician in determining product use and/or therapies to be used.</p> <p>5.1.4 In collaboration with surgical team, directs and/or manages patient care activities during the intraoperative phase of care.</p> <p>5.1.5 Implements and directs (as appropriate) use of environmental control measures and standard/ transmission-based precautions to prevent undue patient and provider exposure to and infection from blood borne pathogens.</p> <p>5.1.6 Accepts appropriate responsibility if surgeon becomes incapacitated; protects the surgical wound, maintains hemostasis, and maintains sterility of the operative field until the replacement surgeon accepts responsibility for procedure completion.</p> <p>5.1.7 Writes and/or dictates operative procedure notes and writes postoperative orders according to guidelines of practice and within institutional policy.</p> <p>5.1.8 Makes postoperative rounds in conjunction with or at the direction of physician.</p> <p>5.1.9 Plans for patient discharge, accessing community resources as appropriate.</p>
	<p>5.2 Serves as an educator, mentor, consultant, and resource to patients, colleagues, other health care professionals, and the community.</p>	<p>5.2.1 Provides individualized patient and family education by applying principles of learning, actively involving the learner, and providing an environment conducive to teaching/ learning.</p> <p>5.2.2 Consults effectively with the surgeon and other members of the health care team to promote efficient use of time, supplies, equipment, and personnel.</p> <p>5.2.3 Monitors emerging technology. Analyses new products to determine risk/benefit for patients and the facility.</p>

		<p>5.2.4 Participates in and consults on facility and nursing committees, nursing associations, and medical/industry focus groups.</p> <p>5.2.5 Serves as a community resource to educate the public and promote quality patient care.</p> <p>5.2.6 Educates the public and other health care professionals about the role of the RNFA.</p>
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Appendix 3

5th July 2014

Summary of the review process carried out on the 'Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline' (NZNO, 2009)

The Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline (2009) has been reviewed by a working party appointed by the Perioperative Nurses College (NZNO). The working party membership was Yvonne Morgan (RN, MHSoc. RNFSA, Course Coordinator RNFSA programme, University of Auckland), Amelia Howard-Hill (RN, MN(1st Class Hons), RNFSA, Nelson) and Sandra Millis (BN, PG Cert HSc, RNFSA, Dunedin).

Recommendations made by the working party have been critiqued by the National Committee and Education Committee of the Perioperative Nurses College and the document has been circulated to the following key stakeholders for consultation.

New Zealand Nurses Organisation
Nursing Council of New Zealand
Royal Australasian College of Surgeons
College of Nurses Aotearoa NZ
Nurse Education in the Tertiary Sector
Nurse Executives of New Zealand
Faculty of Medical and Health Sciences, University of Auckland
Office of Chief Nurse, Ministry of Health
Health Workforce New Zealand New Zealand
Private Surgical Hospital Association
District Health Board Directors of Nursing
Theatre Managers and Educators Group
Perioperative College Membership

Valuable feedback was received from 16 organisations and individuals, leading to minor amendments being made.

The amended document has concentrated on incorporating documents released since the initial publication such as the “Expanded Practice Guidelines” (NCNZ, 2010) and “Credentialing Framework for NZ Health Professionals” (MOH, 2010). A definition of ‘expanded practice’, has been added along with more emphasis on credentialing, auditing and re-auditing processes. There has also been further clarification on the differences between a Registered Nurse First Surgical Assistant (RNSFA) and a Perioperative Nurse Practitioner. General wording has been altered throughout the document to help make it more inclusive and less prescriptive in line with the original purpose of the document as a recommendation.

The working party wishes to thank you for providing valuable feedback on this important document. The document will be endorsed at the PNC AGM in October and then will be available on the NZNO website.

Yours sincerely

Fiona Unaç (Chair PNC) and

Sandra Millis (Leader of RNFSFA Review Working Party)

February 2026

Summary of the review process carried out on the ‘Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline’ (NZNO, 2009)

The Recommendation for Registered Nurse First Surgical Assistant for Operating Theatres in New Zealand Service Guideline (2009) has been reviewed by a working party appointed by the Perioperative Nurses College (NZNO). The working party membership was Yvonne Morgan (RN, MHSc. RNFSFA, Course Coordinator RNFSFA programme, University of Auckland), Members of the Professional Practice Committee (PNC) and National Committee (PNC).

Minor changes have been made to the main body of the document and to the references.

Many thanks to Yvonne Morgan (RN,MHSc, RNFSA, Course Coordinator RNFSA programme, University of Auckland) for her valuable contribution to this work.

Gillian Martin
(Professional Practice Committee lead)